

SPENCER COUNTY PARKS & RECREATION  
BASKETBALL REGISTRATION FORM

Program \_\_\_\_\_ Team \_\_\_\_\_ (Last Season)

Name \_\_\_\_\_ Sex M / F  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Does your child have some type of medical condition? (If so, please explain) \_\_\_\_\_

Is there any week night that the child will not be able to practice? \_\_\_\_\_

Please circle the correct shirt size for player.

**YOUTH:** Small Medium Large **ADULT:** Small Medium Large X-Large

We ask for participation from all parents in our programs. Please circle the area(s) in which you would be willing to assist.

COACH ASST. COACH

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In consideration of the participation in the programs offered by Spencer County Parks & Recreation (SCPR),

1. I hereby agree to comply with all rules and regulations and program instructions of SCPR.
2. I hereby acknowledge that participation in athletic competition carries with it potential hazards. I therefore release SCPR and its volunteers, coaches and sponsors of any liability resulting from injury or death during the event and its related activities.
3. I hereby attest that and verify that child is physically fit to participate in this athletic program.
4. I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during SCPR program.
5. I hereby acknowledge that I have sole responsibility for my personal and my child's possession and athletic equipment during the SCPR program and related activity.
6. I hereby agree that in the event the event of a program cancellation due to storm, rain, inclement weather, winds and /or other "Acts of God", my enrollment fees shall be non-refundable.

Signature of Parent or Legal Guardian

Date Signed

Registration form and **\$60** payment per child can be mailed to:

SPENCER COUNTY PARKS, PO BOX 397, TAYLORSVILLE KY 40071

by October 30<sup>th</sup>. An additional \$10 late fee will be charged for forms received after October 30<sup>th</sup>.

Make checks payable to **SPENCER COUNTY FISCAL COURT**

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Amount \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Date Paid \_\_\_\_\_ Received by \_\_\_\_\_

*An evaluation will be held Sunday October 30<sup>th</sup> for all players in 4<sup>th</sup> grade and up from 2pm-4pm at Spencer County High School.*